

## Section 4, Annex A

### Call-down Contract

### Terms of Reference

#### Implant Training Plan for Ghana Health Service 2015

##### Introduction

The UK Government is supporting the Government of Ghana to implement an Adolescent Reproductive Health (ARH) programme aimed at contributing to the achievement of MDG 5. Specifically, the programme will improve reproductive knowledge and will also strengthen the national family planning programme through improved management and coordination of inputs as well as the procurement of contraceptives.

Ghana has made significant progress toward reducing the maternal mortality ratio (MMR) of 760 per 100,000 live births recorded in the 1990s to 380 per 100,000 live births in 2013 (WHO et al.2010). The rate is still high compared with other lower middle income countries, and more effort is needed if Ghana to meet the Millennium Development Goal 5 – i.e. 185 deaths per 100,000 live births. Despite this modest progress Ghana is unlikely to o meet the MDG 5 and more needs to be done as we transit into the Global Goals.

Among the key strategies for reaching this target is increasing the contraceptive prevalence rate and reducing the unmet need for family planning which reduces the risk of pregnancy, unplanned pregnancy and unsafe abortion which accounts for 15% of all maternal Death (GMMS 2007). According to the WHO (2014) satisfying the unmet need for family planning alone could cut the number of maternal deaths by almost a third.

Contraceptive Prevalence Rate (CPR) for modern methods has fluctuated from 19% in 2003, decreasing to 17% in 2008 and increasing to 22% in 2014, an indication that even after a decade, still less than a quarter of married women are current users of modern contraception in Ghana. Up to 30% of married women in Ghana have an unmet need for family planning, in addition to this stagnation 62% percent of adolescent's have an unmet need for FP.

Building the capacity of service providers and supervisors in family planning to manage clients is essential for improving availability and access to family planning commodities. As with all reproductive health services, a high coverage of family planning services requires a network of well trained and highly skilled health care providers. This ensures that women and men are provided with the knowledge, skills and support they need in order to make informed choices about protection from unintended pregnancy and STIs, including HIV. The availability of implants, the task shifting and the on-going training of Community Health Nurses to insert implants, is also expected to significantly increase the number of clients on implants by improving access to the method. Data shows that more than one in every four women do not have their needs for contraception met. There is in addition limited access to long term family planning methods therefore, more people need to be trained to provide the services.

Implant contraceptives are currently being used in Ghana and have been accepted by health care providers and users which have significantly contributed to the use of implants in the country.

Community Health Nurses (CHNs) are the largest cadre of auxiliary nurses to provide communities with basic preventive health care and health education services. Their tasks under Ghana's Community-Based Health Planning and Services (CHPS) programme include: the provision of quality health information; minor curative services; counseling on all contraceptive methods, including the lactational amenorrhea method (LAM); provision of pills, injectable, condoms, and emergency contraceptive pills; and referrals for IUDs, implants, and sterilization services.

DFID Ghana has consistently met its commitment of providing implants to Ghana through the Ministry of Health as part of its reproductive health programmes in the country. The availability of implants, the task shifting and well trained Community Health Nurses on implants insertion, is expected to significantly increase the number of clients on implants by improving access to the method.

In 2014 DFID supported Ghana train 299 service providers and this had contributed significantly to the surge in the implant Uptake. Following this training the consultants made recommendations, key among them was the scale up of training of the Community Health Nurses to meet the set target of 4,000 trained by end of 2015, and support managers to offer technical support in the areas of quality assurance and logistics management. With the introduction of Implanon NXT there need to scale up the training of more service providers as we meet the increasing demand and orientate service providers who are already offering implants services on the NXT insertion and removal.

DFID's support in providing family planning commodities including implants has been recognised and endorsed by the Minister of Health and by other partners.

### **Objective and Scope of work**

Despite these significant supported inputs, there are still further inputs required to ensure sustainability of this through DFID support.

There are three immediate areas of support:

1. To train service providers including community health nurses to offer implant insertion and removal
2. To train midwives to periodically quality-assure the family planning services
3. Design of a training programme for the service providers and Ghana Health Service. Such material will also provide refreshed courses for existing trainers as well. Part of this support would be to conduct a train the trainer programme for service providers on implants.

## **Key Objectives**

Ensuring that by end December 2015,

- There are at least 600 Service Providers (2 from every facility that offers family planning services) who are well conversant with the proper use of implants.
- These orientations will aim to impart knowledge and skills to participants on implants through a competency based training approach involving practice on humanistic models and actual clients.
- To train 50 Midwives and Public Health Nurses (Supervisors) to periodically offer technical support to Community Health Nurses and enrolled Nurses providing family planning services
- Orientate at least 150 trainers/mentors from all 10 regions on contraceptive implants
- Ensure that all in-service and pre-service Family Planning trainings include implants
- Conduct regular supervision/follow up and feedback meetings to ensure quality downstream training for service providers on contraceptive implant services
- Ensure appropriate coordination of training activities and supply chain management that makes commodities available to all trained providers

## **Timeframe**

The lead consultant working together with the other consultant in collaboration with the Ghana Health Service must be able to mobilise service providers in each region in the 1<sup>st</sup> week of the contract being signed in order to put in place necessary arrangements for the various training events throughout the period.

DFID's support in the area of implant training last for 12 weeks after contract is signed. We will seek to ensure continuity and sustainability by working closely with other partners over this period.

## **Reporting**

The consultants should liaise closely with DFID staff and Family Health Division (FHD) of the Ghana Health Service at all times to ensure a common understanding of the implant training programme and this assignment.

A meeting should be held with DFID and FHD staff periodically with a short (less than 10 pages) report.

All reports must be routed through the Family Health Division and sent in parallel to DFID Ghana.

## **The key relevant government bodies are:**

Ministry of Health – overall responsibility to improve the health status of all people living in Ghana through exercising responsibility for effective and efficient policy formulation, resource mobilisation, monitoring and regulation of delivery of health care by different health agencies.

Ghana Health Service – responsibility for the implementation of health services in the public sector, including family planning and adolescent health services.

**Duty of Care**

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